



Charles R. Drew University of Medicine and Science DIRECT DEPOSIT POLICY AND AUTHORIZATION AGREEMENT

You may choose to have Charles R. Drew University of Medicine and Science deposit your bi-monthly net pay directly into your bank account. To start direct deposit, read this document. If you have any questions about direct deposit, please contact the Payroll Department for assistance.

Participation in direct deposit will require that you provide the Company with information about the bank account where you want your money deposited. A separate form will be provided to you for these purposes. You are responsible for verifying that the amount deposited is accurate for each bi-monthly payroll period. It also is your responsibility to verify that the direct deposit money has been deposited in your account before you attempt to withdraw it or write checks against it. The University cannot assure you that it will make the direct deposit at any specific time on any given payday. Banks sometimes make errors or fail to make direct deposits in a timely manner. Failure to verify that the direct deposit money has been deposited and that the amount deposited is correct may cause you to have overdrafts or even bounced checks. The University is not responsible for overdrafts or bounced checks or any fees, charges or other problems that arise because you failed to verify the direct deposit. If you discover a mistake with your direct deposit, contact your bank to try and resolve the problem. If your bank cannot resolve the problem, notify the Payroll Department for assistance by completing a *Payroll Inquiry Form*.

BANK ACCOUNT CHANGES

You are not required to participate in direct deposit. If you choose not to participate, you will receive a paycheck for your wages. If you choose to participate in direct deposit, you may stop participation by notifying the Payroll Department in writing.

The University is not obligated or required by law to provide direct deposit as a mandatory benefit. It is your responsibility to notify the Payroll Department in writing if you close your direct deposit account or your account number changes. It's also your responsibility to notify the Payroll Department in writing if anything else occurs with your account that could disrupt direct deposit. For example, if your bank's "routing number" changes, your direct deposit could be affected. If you do not know whether a particular change or occurrence could affect your direct deposit, you should contact your bank or the Payroll Department for further assistance.

BANK SERVICE CHARGES

The University will not be responsible for your bank's policies, practices, acts, or failures to act. If you incur bank service charges due to a delay in payroll funds being posted to your bank account, the bank service charge fees may be your responsibility. It is your responsibility to check with your bank to ensure the bank has posted the payroll funds to your account. Any bank service charges you may incur as a result of your direct deposit being suspended due to a late timecard or failure to turn in a timecard that results in you receiving a manual payroll check, the bank service fees are your responsibility. **The University reserves the right to cease providing direct deposit to any or all employees at any time.**

Charles R. Drew University of Medicine and Science



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Employ ID#: _____

This authorization indicates that I agree to abide by all University policies governing the use of Direct Deposits and is to remain in full force and effect until Charles R. Drew University of Medicine and Science has received written notification from me on its termination in such time and in such manner as to afford Charles R. Drew University a reasonable time to act on it.

I hereby voluntarily authorize Charles R. Drew University of Medicine and Science to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my(our) account(s) indicated below and the institution named below, hereafter called institution, to credit and debit the same entries to such account(s).

NAME: (Print) _____

SIGNATURE _____

DATE: _____

CO-SIGNATURE _____

DATE: _____

(If Joint Account)

BANK/CREDIT UNION NAME: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE# _____

Routing # _____ Account # _____

BANK/CREDIT UNION NAME: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE# _____

Routing # _____ Account # _____ Amount \$ _____

BANK/CREDIT UNION NAME: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE# _____

Routing # _____ Account # _____ Amount \$ _____

PLEASE NOTE: EMPLOYEE IS ALLOWED UP TO 3 ACCOUNTS ONLY

PLEASE ATTACH A VOIDED BLANK CHECK (IF CHECKING ACCOUNT IS NEEDED)

Jane A. Doe 1000 Main Street Anywhere, U.S.A. 10001	_____ 20 _____	0999 77-7777/8888
Pay to the order of _____	_____ \$	_____ Dollars
_____ For _____		
I:256000649 I:0999 0302 0032178II		

CHECK HERE FOR DEBIT CARD USER ONLY

